

Office Use Only
Initial and pass to next section.

Tax Branch _____

Credentials _____

IRP _____

KENTUCKY TRANSPORTATION CABINET
Dept. of Vehicle Regulation/Division of Motor Carriers
P.O. Box 2004, Frankfort, KY 40602-2004
(502) 564-4150 Fax: (502) 564-2132 (8:00 A.M. - 4:30 PM EST.)
Walk-ins 8:00 A.M. – 4:00 P.M.
TRANSPORTATION.KY.GOV/DMC

TC 95-573

09/07



CHANGE OF COMPANY INFORMATION

COMPANY NAME: _____ (REQUIRED)

List all numbers that you currently have. Enter leading zeros. If multiple numbers, please list separately on another sheet.

KIT#: _____ KYU#: _____ IRP#: _____

IFTA#: _____ USDOT#: _____

Enter states initial and leading zeros.

KY Intrastate for Hire#: _____ KY Interstate Exempt for Hire#: _____

(VERIFICATION OF INSURANCE (FORM E) MUST BE SUBMITTED PRIOR TO THIS AGENCY PROCESSING A NAME CHANGE FOR THE KENTUCKY FOR HIRE AUTHORITIES)

NOTICE:

NAME CHANGE REQUEST WILL NOT BE PROCESSED UNTIL THE MOTOR CARRIER HAS UPDATED THEIR U.S. DOT NUMBER TO REFLECT THE NEW NAME. CONTACT YOUR BASE STATE FOR THE U.S. DOT MOTOR CARRIER IDENTIFICATION REPORT, FORM 150, (INDICATE 'UPDATE' FOR THE REASON OF FILING. YOU MAY OBTAIN THIS FORM FROM THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION'S (FMCSA) WEBSITE: [HTTP://WWW.FMCSA.DOT.GOV](http://www.fmcsa.dot.gov)

PREVIOUS FEIN#: _____ NEW FEIN#: (IF APPLICABLE) _____

PREVIOUS LEGAL NAME: _____

NEW LEGAL NAME: _____

PREVIOUS D/B/A: _____

NEW D/B/A: _____

(MOTOR CARRIERS WHO ARE REQUIRED TO MAINTAIN A BOND MUST SUBMIT THE BOND RIDER)

NOTICE:

KENTUCKY BASED MOTOR CARRIERS WHO HAVE OBTAINED A NEW FEDERAL ID NUMBER MUST APPLY FOR A NEW TAX LICENSE USING THE NEW FEDERAL ID NUMBER. A KENTUCKY TRUCKING APPLICATION MUST BE USED TO APPLY FOR ANY AND ALL NEW TAX LICENSES. YOU MAY REQUEST THE KENTUCKY TRUCKING APPLICATION FROM THIS AGENCY OR VISIT OUR WEBSITE: [HTTP://TRANSPORTATION.KY.GOV/DMC](http://TRANSPORTATION.KY.GOV/DMC)

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT PERSON: _____

E-MAIL: _____

Signature: _____ **Date:** _____

Note: Web filers (tax, permits, IRP etc.) please keep a current e-mail address on file for quarterly reminders and updates.

If using overnight delivery services, please send to: Division of Motor Carriers, 200 Mero Street, Frankfort, KY 40622